

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ESAFund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>					
Full Name of Payee Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016		
Mailing Address 600 Fairmount Avenue, #306			Amount 31604.14		
City State Zip Code Towson MD 21286		Transaction ID : SE.7012			
Purpose of Expenditure media placement		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Boustany, Charles W., , Dr., Jr.			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: LA <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016		
Mailing Address 600 Fairmount Avenue, #306			Amount 168634.00		
City State Zip Code Towson MD 21286		Transaction ID : SE.7014			
Purpose of Expenditure media placement		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Fleming, John C., , Jr.			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: LA <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			200238.14		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Nancy H., ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 13 / 2016		